

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000016280

**FILED**  
**Jan 19, 2011**  
**Secretary of State**

**Entity Name:** COMFORT AIR AMBULANCE, LLC

**Current Principal Place of Business:**

3900 DON EMERSON DR.  
SUITE 110  
LAKELAND, FL 33811 US

**New Principal Place of Business:**

4056 WINDING VINE DR  
LAKELAND, FL 33812 US

**Current Mailing Address:**

3900 DON EMERSON DR.  
SUITE 110  
LAKELAND, FL 33811 US

**New Mailing Address:**

4056 WINDING VINE DR  
LAKELAND, FL 33812 US

**FEI Number:** 27-1952061

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PIERCE, AUSTIN  
3900 DON EMERSON DR.  
SUITE 110  
LAKELAND, FL 33811 US

**Name and Address of New Registered Agent:**

PIERCE, AUSTIN  
4056 WINDING VINE DR  
LAKELAND, FL 33812 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

01/19/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PIERCE, AUSTIN  
Address: 4056 WINDING VINE DR  
City-St-Zip: LAKELAND, FL 33812 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: AUSTIN E PIERCE

MGRM

01/19/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date